

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/582,006-Conf. #8938</td> </tr> <tr> <td>Filing Date</td> <td>June 7, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Ching-Juh Lai</td> </tr> <tr> <td>Title</td> <td>MONOCLONAL ANTIBODIES THAT BIND OR NEUTRALIZE DENGUE VIRUS</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>84403(47992)</td> </tr> </table>	Application Number	10/582,006-Conf. #8938	Filing Date	June 7, 2006	First Named Inventor	Ching-Juh Lai	Title	MONOCLONAL ANTIBODIES THAT BIND OR NEUTRALIZE DENGUE VIRUS	Art Unit		Examiner Name		Attorney Docket No.	84403(47992)
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First Named Inventor	Ching-Juh Lai														
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:
OR

☒ The address associated with Customer Number:

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I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature /Peter F. Corless/	Date September 15, 2009
Name Peter F. Corless	Telephone (617) 517-5557
Title and Company Attorney for Assignee	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.